

Status: Finalized

I. Center Identification

Organization Name: SAXONY SURGERY CENTER

Street Address: 13100 E.136th St. Suite 1100

City: Fishers

County: Hamilton

Administrator Name: Traci Bowser

Administrator Email: tbowser@iuhealth.org

ASC Web Address:

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3	
Number of procedure rooms	1	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	2328	2462		
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
45385		270		
45380		148		
64483		132		
62311		101		
G0121		100		
43239		100		
64721		90		

45378	87
29881	77
64493	53

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	